

Lobbying Firm Activity Authorization

SEE INSTRUCTIONS ON REVERSE

Type or Print in ink

NAME OF FILER:

INSURANCE SERVICES OFFICE INC. AND AFFILIATES

2/2

Nature and Interests of Lobbyist Employer

Check **one** box only:

- INDIVIDUAL (Complete only Parts A and E) BUSINESS ENTITY (Complete only Parts B and E) INDUSTRY, TRADE OR PROFESSIONAL ASSN. (Complete only Parts C and E) OTHER (e.g., lobbying coalition) (Complete only Parts D and E)

A. Individual

1. Name and address of employer (or principal place of business if self-employed):

2. Description of business activity in which you or your employer are engaged:

B. Business Entity

Description of business activity in which engaged:

INSURANCE SERVICES OFFICE, INC. AND AFFILIATES ARE A LEADING PROVIDER OF ADVANCED TOOLS AND ANALYTICS FOR THE PROPERTY/CASUALTY INSURANCE INDUSTRY. ISO PRODUCTS AND SERVICES HELP INSURERS UNDERWRITE AND PRICE RISKS WITH GREATER PRECISION AND EFFICIENCY AND MANAGE CLAIMS MORE EFFECTIVELY.

C. Industry, Trade or Professional Association

1. Description of industry, trade, or profession represented:

2. Specific description of any portion or faction of the industry, trade, or profession which the association exclusively or primarily represents:

3. Number of members in association (check appropriate box)

- 50 OR LESS (provide names of all members on an attachment.) MORE THAN 50

D. Other

1. Statement of nature and purposes:

2. Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived:

E. Industry Group Classification

Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> AGRICULTURE | <input type="checkbox"/> LEGAL | BUSINESS (Check one of the following sub-categories.) | |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> PUBLIC EMPLOYEES | <input type="checkbox"/> ENTERTAINMENT/RECREATION | <input type="checkbox"/> OIL AND GAS |
| <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> POLITICAL ORGANIZATIONS | <input type="checkbox"/> FINANCE/INSURANCE | <input type="checkbox"/> PROFESSIONAL/TRADE |
| <input type="checkbox"/> HEALTH | <input type="checkbox"/> UTILITIES | <input type="checkbox"/> LODGING/RESTAURANTS | <input type="checkbox"/> REAL ESTATE |
| <input type="checkbox"/> LABOR UNIONS | <input type="checkbox"/> OTHER: _____
(Describe in detail) | <input type="checkbox"/> MANUFACTURING/INDUSTRIAL | <input type="checkbox"/> TRANSPORTATION
DATA ANAL - |
| | | <input type="checkbox"/> MERCHANDISE/RETAIL | <input checked="" type="checkbox"/> OTHER: YTIC
(Specific Description) |